

**OFFICE OF
FINANCIAL INSTITUTIONS**
1025 CAPITAL CENTER DRIVE, SUITE 200
FRANKFORT, KY 40601

**DISCLOSURE FOR LENDER/BROKER MAKING LESS THAN FIVE LOANS PER
YEAR**

Disclosure is hereby made to the Executive Director, Office of Financial Institutions, for the following loan.

1. Name of Lender/Broker

2. Phone Number of Lender/Broker

3. Complete address of Lender/Broker: (street, city, state, zip code)

4. Name of Borrower _____
5. Original Amount and Date of the Loan

6. Complete address of Property Securing the Loan: (street, city, state, zip code)

I hereby certify that I have truthfully completed this Disclosure.
(Please provide notarized signature)

Signature